

*Approved For Release 2001/08/20 : CIA-RDP57-00384R000100230025-1*

A—Annual Leave  
O—Other Leave With Pay  
W—Leave Without Pay

SUS—Suspension  
Without Leave  
Compensatory Leave Taken  
CT—Compensatory Time Worked

TS—Travel Status  
HW—Holiday Work  
ND—Night Differential Time  
OT—Overtime Worked

# TIME AND ATTENDANCE REPORT

NOTE.—Above code to be placed on second line of each daily block, below the hours on first line of same block, followed by employee's initials on third line.

Agency		Reporting Unit						Block		Tour of Duty						Pay Period No.								
NAME OF EMPLOYEE	FIRST WEEK							SECOND WEEK							HOURS IN PAY STATUS				COMP. TIME WED.	TIME ABSENT				
	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	KIND	1ST WEEK	2D WEEK	PAY PERIOD TOTAL		ANN.	SICK*	LWOP	COMP.	OTHER
1															Base									
2															Base									
3															Base									
4															Base									
5															Base									
6															Base									
7															Base									
8															Base									
9															Base									
10															Base									
11															Base									
12															Base									

REMARKS:

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Certified correct:

\*I certify that this absence was due to illness which incapacitated me for duty.

(Supervisor or timekeeper)

(Telephone)